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Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 1. Generator's US EPA ID No. Manifest Information in the shaded areas 2. Page 1 UNIFORM HAZARDOUS Document No. is not required by Federal ADQ 8.6.5.1 DOOS WASTE MANIFEST 3. Generator's Name and Mailing Address A.State Manifest Document Number Douglas Aircraft Co. 769 190th & Normandie B.State Generator's ID Torrance, CA 90502 Generator's Phone (213 533-6677 Transporter 1 Company Name **US EPA ID Number** C.State Transporter's ID I.C A D O 5. 8. 0. 1 .3 6 7 D.Transporter's Phone J. C. Liquid Waste Disposal Transporter 2 Company Name US EPA ID Number E.State Transporter's ID F.Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID Triple J 3650 E. 26th St. H.Facility's Phone CATO8003368 Vernon, CA 12.Containers 13. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Total Quantity Waste No. Type Nt/Vo N Hazardous Waste Liquid NOS ORM-E 001 221 TT G E b. T 0 R C. d. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above Alkaline Soap Grease 011 Water 15. Special Handling Instructions and Additional Information Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. Iffrejected at Trible J. return to DAC 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Signature Month Day Year 2.X I/2.2 IX4 <u>Donald C. Gerber</u> 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Month Day Year Signature 1. G 1 1. 77 5 2 18. Transporter 2 Acknowledgement of Receipt of Materials Date W/OH58314 Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Month Day Year Signature

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